

Please type a plus sign (+) inside this box →



PTO/SB/121 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CORRESPONDENCE ADDRESS INDICATION FORM

Address to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Direct all correspondence to:

 Customer Number: **23117**

 Place Customer
Number Bar
Label Here →
OR*Type Customer Number here*
 Request for Customer Number (PTO/SB/125) submitted herewith.
in the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/576,422		May 22, 2000

Typed or Printed Name	Michelle N. Lester	(check one)
Signature		<input type="checkbox"/> Applicant or Patentee
Date	April 23, 2003	<input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)
Address of signer:	1100 North Glebe Road, 8 th Floor Arlington, VA 22202	<input checked="" type="checkbox"/> Attorney or Agent of record

32,331
(Reg. No.)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

*Total of **1** forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, Box CN, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty Dkt. 1889-33

C# M#

SCHNEIDER et al

Group Art Unit: 3737

Serial No. 09/576,422

Examiner: Thompson, K.

Filed: May 22, 2000

Date: April 23, 2003

Title: AUTOMATIC LIQUID INJECTION SYSTEM AND METHOD

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

 Correspondence Address Indication Form Attached.**Fees are attached as calculated below:**

Total effective claims after amendment	26	minus highest number			
previously paid for	26	(at least 20) =	0	x	\$ 18.00

\$ 0.00

Independent claims after amendment	3	minus highest number			
previously paid for	3	(at least 3) =	0	x	\$ 84.00

\$ 0.00

If proper multiple dependent claims now added for first time, add \$280.00 (ignore improper)					
--	--	--	--	--	--

\$ 0.00

Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$410.00/2 months; \$930.00/3 months)					
--	--	--	--	--	--

\$ 0.00

Terminal disclaimer enclosed, add \$ 110.00					
---	--	--	--	--	--

\$ 0.00

<input type="checkbox"/> First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$750.00)					
<input type="checkbox"/> Please enter the previously unentered , filed					
<input type="checkbox"/> Submission attached					

Subtotal	\$	0.00
-----------------	----	------

If "small entity," then enter half (1/2) of subtotal and subtract					
<input type="checkbox"/> Applicant claims "small entity" status. <input type="checkbox"/> Statement filed herewith					

-\$ 0.00

Rule 56 Information Disclosure Statement Filing Fee (\$180.00)					
--	--	--	--	--	--

\$ 0.00

Assignment Recording Fee (\$40.00)					
------------------------------------	--	--	--	--	--

\$ 0.00

Other:					
--------	--	--	--	--	--

0.00

TOTAL FEE ENCLOSED	\$	0.00
---------------------------	----	------

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

1100 North Glebe Road, 8th Floor
 Arlington, Virginia 22201-4714
 Telephone: (703) 816-4000
 Facsimile: (703) 816-4100
 MNL:slj

NIXON & VANDERHYE P.C.
 By Atty: Michelle N. Lester, Reg. No. 32,331

Signature: _____